

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

454 4/27/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  446300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/13/2013
NAME OF PROVIDER OR SUPPLIER  RIDGEVIEW TERRACE OF LIFE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 26 COFFEY LANE RUTLEDGE, TN 37861		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	This Plan of Correction is submitted as required under Federal and State regulations and statues applicable to long-term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this Plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are correctly applied.		
F 157 SS=D	<p>AMENDED: March 22, 2013</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Karen Brungas*

*Executive Director*

*3/29/13*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>by: Based on medical record review, review of facility investigation, observation, and interview, the facility failed to notify the physician of a decline in ambulation and transfer for one resident (#123) of forty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #123 was admitted to the facility on July 26, 2012, with diagnoses including Altered Mental Status, Diabetes Mellitus, and Arthritis.</p> <p>Medical record review of the quarterly Minimum Data Set (MDS) dated January 14, 2013, revealed the resident required supervision for transfers, walking in room, corridor, locomotion on and off unit, and no mobile devices.</p> <p>Medical record review of Nursing Rehabilitation/Restorative Care Daily Flow Record dated February 22, 2013, revealed "...PROM (Passive range of motion) BLE (bilateral lower extremities) and ambulation 4 times a week. Res (resident) averaged 24-68 ft (feet) this week..."</p> <p>Medical record review of a Rehabilitation Services Multidisciplinary Screening Tool dated February 27, 2013, revealed "...Patient had fall on 2/28/13 with no injuries noted...Patient varies from using manual WC (wheelchair) to amb (ambulating) with RW (rolling walker) to amb without assistive device in living environment dependant on the day, time &amp; (and) how (resident) feels...Bed Mobility sup (supervise) for safety...transfers sit to stand sup for safety...balance &amp; falls...Fair...appropriate in manual wc, able to</p>	F 157	<p><u>CORRECTIVE ACTION:</u> Resident #123 was transferred to hospital for treatment per MD order on 3/11/13.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> Nurses notes for all residents will be reviewed for changes in condition to ensure appropriate notification to MD.</p> <p><u>SYSTEMIC CHANGES:</u> Licensed nurses were inserviced on 3/26/13 by the Staff Development Coordinator on changes in resident condition/ notification to MD</p> <p><u>MONITORING:</u> 24-hour reports will be reviewed by Director of Nursing/designee to identify resident changes in condition, with subsequent audit of nurses notes to ensure notification to MD. Results of audits will be presented by the Director of Nursing and reviewed in monthly Performance Improvement (PI) committee meeting for 3 months.</p>	4/14/13	

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F 157	<p>Continued From page 2</p> <p>propel...Not appropriate for skilled therapy at this time..."</p> <p>Medical record review of a Nurse Progress Note dated March 1, 2013, at 8:33 a.m., revealed "...Resident noted lying in floor on Rt (right) side between...wheelchair and dining room chair...peers noted resident leaning forward with piece of toast in floor to residents RL side...no injuries noted...Neuro (neurological) checks completed and WNL (with in normal limits)..."</p> <p>Review of a facility investigation dated March 1, 2013, revealed "...resident was leaning forward to pick up a piece of toast on floor and fell...Transfer to regular straight back chair for meals...Therapy intervention beginning 3/4/13..."</p> <p>Medical record review of a Nurse Progress Note dated March 1, 2013, at 3:05 p.m. and 11:58 p.m., revealed the resident had no complaints of pain.</p> <p>Medical record review of a Nurse Progress Note dated March 2, 2013, at 1:59 p.m., revealed "...unable to stand for incontinent care...lift used due to BLE weakness..." Medical record review of a Pain Flow sheet dated March 2, 2013, at 6:00 p.m., revealed "...c/o (complained of) pain legs...6 (intensity scale of 0-10)...Tylenol 650 mg (milligram)...no s/s (signs or symptoms) after 1 hour..." Medical record review of a Nurse Progress Note dated March 2, 2013, at 11:53 p.m., revealed "...Neuro's WNL...No problem noted..." Medical record review of a Nurse Progress Note dated March 3, 2013, at 5:11 a.m., revealed "Res heard yelling for momma earlier this am, attempting to get oob (out of bed) with no</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>assist...res c/o pain to R hip and generalized pain...Med (medicated) with Tylenol with effective relief at present..." Medical record review of a Nurse Progress Note dated March 3, 2013, at 3:13 p.m., revealed "...resident up in w/c...neuro checks continue and WNL...No voiced c/o pain to right hip or extremity...ROM WNL, no abnormal rotation noted..."</p> <p>Medical record review of a Nursing Rehabilitation/Restorative Care daily Flow Record RNA (Restorative Nurse Aide) Comment dated March 4, 2013, revealed "...not able to stand..."</p> <p>Medical record review of a Physician's telephone order dated March 4, 2013, revealed "...PT (physical therapy) to eval (evaluate) and treat..."</p> <p>Medical record review of a Rehabilitation Services Multidisciplinary Screening Tool dated March 4, 2013, revealed "...fall on 3/1/13...Recent change...Transfers sit to stand max (maximum) A (assistance)...Ambulation 2-4 steps with RW with mod (moderate) A (decrease) step lengths...shuffling gait...poor balance...5-6/10 bilateral...thighs...will pursue eval (evaluation) and treatment orders..."</p> <p>Medical record review of a Plan of Treatment dated March 4, 2013, revealed "...patient has experienced several falls without injury and is requiring a significant increase in assistance for all transfers with staff currently requiring use of a lift...Patient will progress during gait training to 25 feet on level surfaces requiring minimal assistance with front wheeled walker...verbal instruction/cues in order to return to prior level of function...patient will report decreased pain for</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>BLEs to 3/10 by increased ROM/strength to decrease risk of falls..."</p> <p>Medical record review of a Physician telephone order dated March 4, 2013, revealed "...treatment dx (diagnoses) difficulty in walking...muscle weakness...pers (personal) hx (history) of falls..."</p> <p>Medical record review of a Nurse Progress Note dated March 5, 2013, at 9:11 a.m., revealed "...Called and spoke with (Nurse) at (Physician office) regarding: Increased lethargy, able to arouse resident with physical/verbal stimuli but resident returns to sleep shortly after...previous lab results called and left with (Nurse)..."</p> <p>Medical record review of a Physician Progress Note dated March 5, 2013, revealed "...asked to look at...(resident)...secondary to increasing confusion...nurse tonight reports...not noticed any significant change...appears to be at...baseline...extremities have no edema...assessment...Dementia...mental status appears to be at baseline...I'm going to repeat...lab work...in addition, I have asked for a urinalysis and ammonia level..."</p> <p>Medical record review of a Nurse Progress Note dated March 6, 2013, at 8:01 a.m., revealed "...Continues to work with PT 5x per week...for gait, pain management, and transfers...resident up to dining room at present time, drowsy, staff unable to assist with breakfast..."</p> <p>Medical record review of a Physician Communication dated March 6, 2013, at 9:30 p.m., revealed "...Complaint: c/o R hip pain x (times 4 days, having to use lift to help resident</p>	F 157			

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F 157	<p>Continued From page 5</p> <p>stand...cannot stand...Do we need and x-ray?...Physician Response...I saw...(without) c/o hip pain at that time ok to xray...3/8..." dated received by facility on March 11, 2013.</p> <p>Medical record review of a Nurse Progress Note dated March 7, 2013, at 10:54 a.m., revealed "...Resident observed alert/confused wandering about secure unit in w/c ad lib...re-direction required frequently per staff due to residents attempt to exit seek and ambulate without assist..."</p> <p>Medical record review of a Nursing Rehabilitation/Restorative Care daily Flow Record RNA (Restorative Nurse Aide) Comment dated March 7, 2013, revealed "...res (resident) will not stand..."</p> <p>Medical record review of a Pain Flow Sheet dated March 8, 2013, at 11:00 a.m., revealed "...right hip/leg pain...Tylenol 650 mg given...no signs or symptoms (pain) after one hour..."</p> <p>Medical record review of a Nursing Rehabilitation/Restorative Care daily Flow Record RNA (Restorative Nurse Aide) Comment dated March 8, 2013, revealed "... (resident) let me work legs...ref (refused) to...stand up or walk..."</p> <p>Medical record review of Nurse Progress Notes and Pain flow sheet dated March 9, 2013, revealed no documentation of pain exhibited by the resident and no pain meds were documented as administered.</p> <p>Medical record review of a Physician Communication for order request dated March 9,</p>	F 157			

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F 157	<p>Continued From page 6</p> <p>2013, at 4:00 a.m., revealed "...Res has been c/o pain to R hip for 3-4 days may we get an xray?..." Medical record review revealed "...Physician Response... Orders: I saw (resident) ...no C/O pain... since persists...check xray...3/11..."</p> <p>Medical record review of a Nurse Progress Note dated March 9, 2013, at 4:23 a.m., revealed "...cont. to utilize mechanical lift to transfer d/t (due to) res LE (lower extremity) weakness..."</p> <p>Medical record review of a Restorative Summary Note dated March 10, 2013, at 9:12 a.m., revealed "...averaged 5 ft this week..."</p> <p>Medical record review of a Physician's telephone order dated March 11, 2013, revealed "...OK to x-ray R hip..."</p> <p>Medical record review of a Mobile Image dated March 11, 2013, at 1:15 p.m., revealed "...acute femoral neck fracture..."</p> <p>Medical record review of a Physician's telephone order dated March 11, 2013, revealed "...send to ER (emergency room)..."</p> <p>Interview with Licensed Physical Therapist Assistant (LPTA #1) on March 13, 2013, at 10:06 a.m., in the physical therapy room, revealed on March 2, 2013, the resident required increased assistance with all transfers and a lift had been used for transfers. Continued interview revealed a Therapy Screen had been completed on March 4, 2013. Interview revealed the resident experienced a decline and an order for Physical Therapy evaluation and treatment was obtained.</p>	F 157			

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F 157	<p>Continued From page 7</p> <p>Interview with Certified Nurse Technician (CNT) #3 on March 13, at 2013, at 10:32 a.m., in the nurse's station, revealed the resident had been unable to ambulate on March 2, 2013, and this had been a decline. Continued interview revealed the CNT reported the decline to the Rehabilitation Nurse.</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on March 13, 2013, at 11:30 a.m., in the Secure Unit, revealed the third shift nurse reported to the LPN that the resident had not been able to stand on March 2, 2013, and the lift had been used. Continued interview revealed LPN #3 assessed the resident and no external rotation had been noted. Further interview at this time revealed the physician had not been notified of the residents decline in transfers and ambulation.</p> <p>Interview with the Physician on March 13, 2013, at 11:55 a.m., by telephone, revealed the Physician had been notified on March 5, 2013, related to a change in mental status. The resident had been in a wheel chair when he arrived, at the table on the secure unit, and the Physician had taken the resident to the resident's room for examination. The resident had been examined; the physician had palpated on the legs, did not note any changes, and had not been aware of a decline in ambulation at that time. The facility notified the Physician on March 8, 2013, of a decline in ambulation, the physician ordered an x-ray, the x-ray had been obtained on March 11, 2013, and the x-ray revealed a fractured right hip. Review of a signed statement by the Physician dated March 13, 2013, revealed "...I was asked to see (resident) on March 5, 2013. The Nurse notified me earlier in that day</p>	F 157			



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F 157	Continued From page 8 that (resident) was having some confusion. (Resident) had sustained a fall the previous week. When I arrived (resident) was sitting in a wheelchair at the dining room table. (Resident) appeared in no acute distress. (Resident) indicated...was doing okay. I asked...if we can take (resident) to...room so that I could examine (resident). During (resident) examination, (resident) was rolled from one side to the other. I moved all of...extremities. During the course of the examination, there was no indication of pain either verbally or by grimacing. Based on this examination, it is my opinion that (resident) did not have a femur fracture at that time.  Interview with the Director of Nursing on March 13, at 12:15 p.m., confirmed the facility had failed to notify the Physician of the resident's decline in ambulation and transfers until an order request was delivered to the Physician on March 8, and 9, 2013, was returned to the facility and signed by the Physician on March 11, 2013 (three days later).	F 157			
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow Psychiatric recommendations for one resident	F 319			

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F 319	<p>Continued From page 9 (#136) of forty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #136 was admitted to the facility on October 31, 2012, with diagnoses including Vascular Dementia with Depression, Delusions, and Anxiety.</p> <p>Medical record review of a fourteen day Minimum Data Set (MDS) dated February 15, 2013, revealed severely impaired cognitively, delusions, verbal behaviors 1-3 days per week, and wanders daily.</p> <p>Medical record review of a Care Plan dated November 19, 2012, and updated February 7, 2013, revealed "...resident is at risk for physical or mental decline...disease processes will be treated as needed through next review...provide psychosocial/mental health interventions as needed..."</p> <p>Medical record review of the Physician's Recapitulation Order's dated March 2013 revealed "...12/20/12: Psych (psychiatric) to eval (evaluation) and tx (treat) as indicated..."</p> <p>Medical record review of a Psychiatric Note dated December 20, 2012, revealed "...Psychotherapy to eval and tx...is PCP (primary care physician) in agreement with recommendations...yes..."</p> <p>Medical record review revealed no documentation of a completed Psychotherapy evaluation.</p> <p>Observation on March 12, 2013, at 2:30 p.m., on the 400 hall, revealed the resident ambulating per</p>	F 319	<p><u>CORRECTIVE ACTION:</u> Resident #136 was admitted to geropsych on 3/26/13. Subsequent psych follow-up will occur upon return.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> Psych recommendations will be reviewed for residents receiving psych services to ensure orders and referrals have been addressed.</p> <p><u>SYSTEMIC CHANGES:</u> Social Services Director will review psych orders daily and coordinate provision of treatment with psych service provider</p> <p><u>MONITORING:</u> Audits of psych recommendations will be conducted by the social Worker//Director of Nursing monthly to ensure recommendations implemented as ordered. Results of audits will be presented by the Social Services Director and reviewed in monthly Performance Improvement (PI) committee meeting for 3 months.</p>	4/14/13	

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F 319	Continued From page 10 self attempting to exit the secure unit.	F 319			
F 371 SS=F	Interview with the Social Worker on March 13, 2013, at 7:15 a.m., in the Social Worker's Office, confirmed the resident had not been referred to the Psychologist for Psychotherapy in December. 483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain proper sanitation for food preparation equipment and hand washing in the dietary department.  The findings included:  Observation and interview on March 11, 2013, from 9:30 a.m. to 10:15 a.m., in the dietary department, with the Dietary Manager, revealed the following:  1. a condensation pipe located over the top of uncovered fresh vegetables in the walk-in cooler, had a steady drip	F 371	<b>CORRECTIVE ACTION:</b> Trays were placed beneath the condensation pipe in the cooler on 3/11/13 to prevent any condensation from dripping onto food. Condensation pipe was wrapped with thicker insulation by Maintenance Director on 3/29/13 to prevent further drips.  Microwave was discarded on 3/11/13 and replaced with a new one.  Fire extinguisher pipe was cleaned by dietary staff on 3/11/13.  Dietary staff were inserviced on handwashing procedures on 3/12/13. Trashcan by sink was replaced on 3/13/13 with a step-operated trashcan.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  RIDGEVIEW TERRACE OF LIFE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 28 COFFEY LANE RUTLEDGE, TN 37861		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 11</p> <p>2. a microwave had dried food particles on the sides, top, and bottom, the glass turn table had a brown ring, and on the inside top and bottom of the microwave heavy rust</p> <p>3. a fire extinguisher pipe over the stove top had heavy loose dust particles with food cooking uncovered</p> <p>Interview with the Dietary Manager on March 11, 2013, from 9:30 a.m. to 10:15 a.m., in the dietary department confirmed the following:</p> <p>1. the condensation pipe in the walk-in cooler had been dripping over the top of fresh vegetables</p> <p>2. the microwave had dried food particles and had visible rust in the microwave on the top and bottom</p> <p>3. the fire extinguisher pipe had visible heavy dust particles and food had been cooking under the pipe</p> <p>Observation and Interview on March 12, 2013, from 11:43 a.m. to 11:55 a.m., in the Dietary Department with the Dietary Manager, revealed the Dietary Manager washed the hands, opened the lid of a thirty gallon gray trash can, and disposed of the paper towels.</p> <p>Interview with the Dietary Manager on March 12, 2013, from 11:43 a.m. to 12:10 p.m., in the Dietary Department, confirmed the trash can lid had been dirty and no step trash can had been available at the hand washing sink.</p>	F 371	<p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u></p> <p>Dietary department was inspected for cleanliness by Dietary Manager/Assistant Dietary Manager.</p> <p><u>SYSTEMIC CHANGES:</u></p> <p>Dietary staff were inserviced by Dietary Manager on 3/14/13 on ensuring condensation does not drip onto food in cooler, cleanliness of microwave, cleanliness of pipes above stove, and proper handwashing procedures.</p> <p><u>MONITORING:</u></p> <p>Audits of dietary department will be conducted weekly by Dietary Manager/Assistant Dietary Manager to ensure there is no dripping condensation in the cooler, the microwave is clean, and the pipe above the stove is dust-free. Handwashing audits will be conducted weekly by Staff Development Coordinator/Infection Control Nurse to ensure proper handwashing procedures are followed. Results of audits will be presented by Dietary Manager and Staff Development Nurse and will be reviewed in monthly PI Committee meetings for 3 months.</p>		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431		4/14/13	

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NAME OF PROVIDER OR SUPPLIER  RIDGEVIEW TERRACE OF LIFE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 26 COFFEY LANE RUTLEDGE, TN 37661		
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F 431	<p>Continued From page 12</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation,</p>	F 431	<p><u>CORRECTIVE ACTION:</u> The Hydrocodone 5/500 mg was disposed of on 3/12/13.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All controlled substances requiring disposal will be disposed of according to facility policy.</p> <p><u>SYSTEMIC CHANGES:</u> Licensed nurses were inserviced on 3/26/13 by Staff Development Coordinator on destruction of controlled substances. Licensed nurses will document on Controlled Substance Record the method of disposal when a controlled substance must be disposed of.</p> <p><u>MONITORING:</u> Audits of Controlled Substance Records will be conducted monthly by Director of Nursing/designee to ensure documentation of controlled substance disposal per facility policy. Results of audits will be presented by the Director of Nursing and reviewed in monthly Performance Improvement (PI) committee meeting for 3 months.</p>	4/14/13	

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F 431	Continued From page 13 and interview, the facility failed to ensure a proper disposal method had been followed for a controlled substance.  The findings included:  Review of the facility policy Medication Destruction no date revealed "...Controlled substances are washed down the toilet or sink..."  Observation and interview on March 12, 2013, at 11:03 a.m., in the 100 hall, revealed Licensed Practical Nurse #1 disposed of a Hydrocodone 5/500 milligram in the sharps container on the medication cart.  Interview with the Director of Nursing on March 12, 2013, at 1:30 p.m., in the staff development office, confirmed the facility failed to follow the proper disposal method for a controlled substance.	F 431			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441			

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NAME OF PROVIDER OR SUPPLIER  RIDGEVIEW TERRACE OF LIFE CARE				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 25 COFFEY LANE RUTLEDGE, TN 37881			
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F 441	<p>Continued From page 14 actions related to Infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to follow their policy on Clostridium Difficile (C. difficile) for resident (#146) of forty-one resident's reviewed.</p> <p>The findings included:  Review of facility policy, Clostridium Difficile, last revised on July 18, 2011, revealed "...gloves are worn to enter the room of a resident who has diarrhea caused by C. difficile (a gastrointestinal irritation and bacteria)...a gown is needed...if substantial contact with the resident or</p>			F 441	<p><u>CORRECTIVE ACTION:</u> Associates were inserviced on contact isolation procedures by Staff Development Coordinator on 3/11/13.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> No other C. diff infections were present in the facility.</p> <p><u>SYSTEMIC CHANGES:</u> Facility associates were inserviced on 3/26/13 by the Staff Development Coordinator on facility C. diff policy and personal protective equipment usage.</p> <p><u>MONITORING:</u> Audits of residents in C. diff isolation will be conducted initially and weekly by Staff Development Coordinator/ Infection Control Nurse until isolation is discontinued to ensure personal protective equipment is worn and handwashing procedures are followed per facility policy. Results of audits will be presented by the Staff Development Coordinator and reviewed in monthly Performance Improvement (PI) committee meeting for 3 months.</p>		4/14/13

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F 441	<p>Continued From page 15 environmental surfaces is anticipated..."</p> <p>Resident #146 was admitted to the facility on March 5, 2013, with diagnoses the included History of Fractured Left Hip, Blood Loss Anemia, Lactose Intolerance, Dementia, Hypertension, C. difficile, and Diabetes.</p> <p>Observation on March 11, 2013, at 12:07 p.m., in the isolation room, revealed the Certified Occupational Therapy Assistant returned the resident #146 to the room, assisted the resident back to bed, and exited the room without wearing gloves or washing hands.</p> <p>Observation on March 11, 2013, at 12:30 p.m., in the 300 hallway, revealed Certified Nursing Assistant #1 entered the isolation room, exited, and continued down the hall without cleaning hands prior to contact with other resident's.</p> <p>Observation on March 11, 2013, at 12:42 p.m., in the isolation room, revealed laundry personnel entered the isolation room, touched several items including furniture without wearing personal protective equipment.</p> <p>Interview with the Assistant Director of Nursing (ADON) on March 11, 2013, at 1:03 p.m., in the ADON's office, confirmed gloves must be worn at all times by the staff while in the isolation room and gowns must be worn if contact with the resident or environmental surfaces is anticipated.</p>	F 441			